

FILED JUN 7 1955

# STANDARD CERTIFICATE OF DEATH

State File No. ....

15108

BIRTH NO. ....		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>4183</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pacific, Mo.</u>		c. LENGTH OF STAY (in this place) <u>6 mos</u>		c. CITY OR TOWN <u>HERMAN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Corbett Nursing Home</u>				STREET ADDRESS (If rural, give location) <u>0371</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First)		b. (Middle)		c. (Last) <u>Lionberger</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1955</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		8. DATE OF BIRTH <u>Nov. 29, 1873</u>		9. AGE (10 years last birthday) <u>81</u> If under 1 year: Months <u>8</u> Days <u>1</u> Hours <u>1</u> Min. <u>0</u>	
11a. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		11b. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gottlieb Todtman</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Gustmann</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Lionberger</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>Calvin Lionberger</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Mo</u>		18. ADDRESS <u>443X</u>		19. DATE OF OPERATION	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic</u>		II. OTHER SIGNIFICANT CONDITIONS (b) <u>ventricular heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (c) <u>hypertensive heart disease</u>		III. OTHER SIGNIFICANT CONDITIONS (d) <u>generalized arteriosclerosis</u>		IV. OTHER SIGNIFICANT CONDITIONS (e) <u>semile. edema</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE SIGNED <u>5/9/55</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Nov 9, 1954</u> to <u>May 9, 1955</u> , that I last saw the deceased alive on <u>May 8, 1955</u> , and that death occurred at <u>12:30 m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>M.D.</u> (Degree or title)	
23b. ADDRESS <u>Pacific Mo</u>		23c. DATE SIGNED <u>5/9/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-10-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		25. ADDRESS <u>4700 Washington St. St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 9-55</u>		REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		25. ADDRESS <u>4700 Washington St. St. Louis Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, ~~or by~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Elmo R. Gattrell

Licensed Embalmer No. 4077

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.